war and the second seco								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI							D		()	9/	924	(060)	
Effective October 1, 2000								\bot	100	() {	3207		
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS ./ O					(Column 2)			TYPE		OR	SMALL	ENTITY	
FOR .			42				-	ATE	FEE	4	RATE	FEE	
_		NUMBER FILED		NUMBER EXTRÁ		BAS	IC FE	E 355.00	OR	BASIC FEE	710.00		
TO	TAL CHARGE	minus 20=		. 20		×	X\$ 9=		OR	X\$18=	396		
_	EPENDENT C	g minus 3 =		5		X	X40=		OR	X80=	490		
MULTIPLE DEPENDENT CLAIM PRESENT							. +1	35=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1506	
CLAIMS AS AMENDED - PART II											OTHER		
	:	(Colum			(Column 3) SMAL		IALL	ENTITY	OR	SMALL			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FÉE	
AMENDMENT	Total	•	Minus	**		=	X\$ 9=			OR	X\$18=	!	
AME	Independent	•	Minus			-	X40=			OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=			+270=		
	The second second second					101				OR	TOTAL		
		(Column 1) (Colum							DDIT. FEE		OR ADDIT. FEE		
		CLAIMS		(Colur	ST				ADDI-	l r		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT	R/	NTE .	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus .	••		=	XS	9=		OR	X\$18=		
AME	Independent				01.404		X	10=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=	. •	
								OTAL I. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	•	Minus	•		=	X\$	9=		OR	X\$18=	ï ·	
ME	Independent	•	Minus	***		6	X4	0=			X80=		
	FIRST PRESE	-	-		OR								
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.											+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE		
	The "Highest Nun	nber Previously Pai	d For (Total o	Independe	ent) is the	e highest number f	ound in	the ap	propriate box	t in coli	umn 1.	- 322 m ·	